

STATE OF MICHIGAN
Department of Licensing and Regulatory Affairs
Bureau of Survey and Certification

CIVIL MONETARY PENALTY
INSTRUCTIONS FOR REQUESTING AN
INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

As the State Survey Agency for the Centers for Medicare and Medicaid Services (CMS), the Department of Licensing and Regulatory Affairs Bureau of Survey and Certification contracts with iMPROve Health to provide IIDR review services. Pursuant to Chapter 7 of the State Operations Manual at 7213.4, when CMS offers a Nursing Home Provider the opportunity to request and participate in an Independent IDR, to be eligible, a provider must electronically submit its request to iMPROve Health within ten calendar days of receipt of CMS's offer using the iMPROve portal.

To request an IIDR, submit this IIDR Request Form electronically, along with factual evidence that supports your dispute, to the iMPROve Health portal www.improve.health/idr. Provide an explanation for any documentation submitted that was not provided at the time of survey. For questions, please contact iMPROve Health staff: Charlene Kawchak-Belitsky at 248-465-1038 or Aris Rhodes-Bond at 248-465-7405.

Nursing Home Name:		CMS Provider Number:
Contact Name/Title/email address:		Contact Phone Number:
Event ID:	Survey Exit:	Date of CMS offer: Date of Request:

Enter scope/severity of tag number being disputed.

Example: F604/J	2.	4.	6.
1.	3.	5.	7.

Optional iMPROve Health Conference Call

The provider may request a conference call with the iMPROve Health reviewer. This enables the provider to present an overview of the material submitted and answer questions from the reviewer. The conference will be limited to one hour. The survey process is not to be discussed during this call. If the provider has concerns about the survey process, those questions should be referred to LARA-BSC.

☐ iMPROve Health conference call is requested. Additional cost to provider is \$150.00. LARA-BSC to invoice the provider. Providers with an outstanding balance due will not be eligible for future calls until payment is received.

☐ I understand the listed conditions and I am authorized to make payment for the services.

Enter signature/date: _____